Group # _____, 10/92

Pediatric Wheezing Study - Physical Assessment

Patient Name_____ History #_____

Date of visit_____

1) **Patient's signs and symptoms:** (Please circle those which apply):

Nasal congestion/rhinorrhea	Wheezing	Eczema
Conjunctivitis	Retractions	Viral exanthem
Fever	Cough	Rales
Other_____		

Physical Parameters	(Circle appropriate findings.)		
Expiratory wheeze	None	Audible only with stethoscope	Audible without stethoscope
Retractions	None	Mild	Marked
Inspiratory Breath Sounds	Normal	Decreased	Markedly decreased or absent
Cyanosis	None	In room air	In supp. O_2
Consciousness	Normal	Depressed or agitated	Unconscious

2) **Medications prescribed for:**

	ER management	Discharge medications
$Beta_2$-agonist, p.o.	____	____
$Beta_2$-agonist, inhaler	____	____
Steroid, p.o.	____	____
Steroid, inhaler	____	____
Theophylline	____	____
Cromolyn	____	____
Other	____	____

3) **Was patient admitted?** YES NO

4) **Discharge diagnosis:** _____

_____

5) **Comments:**

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